

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
04		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
04		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">439447.27</td></tr></table>	439447.27				
Y	Y	Y	Y	Y													
2015																	
439447.27																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">404073.74</td></tr></table>	404073.74															
404073.74																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">54593.42</td></tr></table>	54593.42					<table><tr><td colspan="5">177398.56</td></tr></table>	177398.56									
54593.42																	
177398.56																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">458667.16</td></tr></table>	458667.16					<table><tr><td colspan="5">616845.83</td></tr></table>	616845.83									
458667.16																	
616845.83																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">26736.73</td></tr></table>	26736.73					<table><tr><td colspan="5">184915.40</td></tr></table>	184915.40									
26736.73																	
184915.40																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">431930.43</td></tr></table>	431930.43					<table><tr><td colspan="5">431930.43</td></tr></table>	431930.43									
431930.43																	
431930.43																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		3	0		2	0	1	5		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

35919.15

109733.54

(ii) Unitemized

17732.20

65273.11

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

53651.35

175006.65

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

53651.35

175006.65

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

942.07

2391.91

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

54593.42

177398.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

54593.42

177398.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	736.73	2500.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	736.73	2500.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	182000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	415.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	415.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26736.73	184915.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26736.73	184915.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	53651.35	175006.65
34. Total Contribution Refunds (from Line 28(d))	0.00	415.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53651.35	174591.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	736.73	2500.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	942.07	2391.91
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	-205.34	108.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles Peter Anderson MD

Mailing Address 125 W Sierra Cir

City

San Marcos

State

TX

Zip Code

78666-2520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 02 / 2015

Transaction ID : C2972425

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Justin V Bartos MD

Mailing Address 4300 City Point Dr

City

North Richland Hills

State

TX

Zip Code

76180-8380

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2981373

Amount of Each Receipt this Period

504.00

Full Name (Last, First, Middle Initial)

c. Claire Lawton Birdsong MD

Mailing Address 232 Newpark Pl

City

Columbia

State

SC

Zip Code

29212-8666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harbin Family Practiice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 24 / 2015

Transaction ID : C2990713

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1204.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 44
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd

City
Kingsport

State
TN

Zip Code
37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

ETSU

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : C2983629

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Aaron B Brown

Mailing Address 730 N. College Rd. Suite A
660 Shoshone St E

City
Twin Falls

State
ID

Zip Code
83301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : C2997100

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Rhett Le Roy Brown MD

Mailing Address P.O. Box 32861

City
Charlotte

State
NC

Zip Code
28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Novant Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981258

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 44
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer L Brull MD

Mailing Address PO Box 147

3000 US HWY 183

City

Plainville

State

KS

Zip Code

67663-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : C2972423

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. John R Bucholtz DO

Mailing Address 6378 Cape Cod Dr

City

Columbus

State

GA

Zip Code

31904-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus Regional Healthcare System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981245

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. David Adam Carlyle MD

Mailing Address PO BOX 3014

2309 Buchanan Dr

City

Ames

State

IA

Zip Code

50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine East

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990733

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bert N Corley MD

Mailing Address 104 S Oak St

City
Sallisaw

State
OK

Zip Code
74955-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : C2983530

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Baldemar Covarrubias MD

Mailing Address 5718 Spohn Dr

City

Corpus Christi

State

TX

Zip Code

78414-4235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990704

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Steven A Crawford MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Oklahoma

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : C2990365

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1081.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Cullen MD

Mailing Address PO Box 1829

City

Valdez

State

AK

Zip Code

99686-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 26 / 2015

Transaction ID : C2991154

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John D Davis MD

Mailing Address 171 Honey Creek Ranch Rd

City

Hunt

State

TX

Zip Code

78024-3080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

665.00

Date of Receipt

04 / 02 / 2015

Transaction ID : C2975196

Amount of Each Receipt this Period

665.00

Full Name (Last, First, Middle Initial)

C. Thomas M Dean MD

Mailing Address PO Box 335

409 W. 10th Street

City

Wessington Springs

State

SD

Zip Code

57382-0335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon Health Care

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2981257

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 11 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heidi Miller Duncan MD

Mailing Address 2711 Gregory Dr N

City
Billings

State
MT

Zip Code
59102-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Billings Clinic

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981244

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Carlos Alberto Ermocilla MD

Mailing Address 7083 April Wind Ave

City

Las Vegas

State

NV

Zip Code

89131-0134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : C2990444

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sarah Jane Fessler MD

Mailing Address 44 Riverside Dr

City

Riverside

State

RI

Zip Code

02915-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981372

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City

State

Zip Code

York

PA

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Strategic Health Institute

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : C2982370

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Matthew P Finneran MD

Mailing Address 251 Leatherman Rd

City

State

Zip Code

Wadsworth

OH

44281-9236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981262

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Conrad L Flick MD

Mailing Address 2104 E Charlotte Ct

City

State

Zip Code

Raleigh

NC

27607-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Family Medical Associates of Raleigh

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981253

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan P Forman MD

Mailing Address 416 Saint Ives Dr

City

Severna Park

State

MD

Zip Code

21146-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Primary Care Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2981259

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Christopher H Gaynor MD

Mailing Address 6250 1st Ave NW

City

Seattle

State

WA

Zip Code

98107-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2981375

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Carlos R Gonzales MD

Mailing Address PO Box 40

City

Patagonia

State

AZ

Zip Code

85624-0040

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arizona

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 13 / 2015

Transaction ID : C2983532

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory G Grant MD

Mailing Address 2728 Old Town Trl

City

Shawnee

State

OK

Zip Code

74804-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony Phy-Shawnee

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : C2970671

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Mary Nolan Hall MD

Mailing Address PO BOX 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolina Healthcare System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Boyde Jerome Harrison MD

Mailing Address 904 26th St

City

Haleyville

State

AL

Zip Code

35565-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2980843

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

949.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas Scott Hayes MD

Mailing Address 155 Richards St

City

Newport

State

VA

Zip Code

24128-4056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : C2985636

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Richard R Horecka MD

Mailing Address 1805 Wisconsin Ave

City

Benson

State

MN

Zip Code

56215-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990755

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. David Roy Howlett MD

Mailing Address 154 Eastview Dr

City

Windsor

State

CT

Zip Code

06095-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981247

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marilyn Jones MD

Mailing Address 1 W National Rd

City

Vandalia

State

OH

Zip Code

45377-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vandalie Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981263

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Samuel M Jones MD

Mailing Address 10145 Community Ln

City

Fairfax Station

State

VA

Zip Code

22039-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981290

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Byung Kang DO

Mailing Address 159 Hill Park Ave

City

Great Neck

State

NY

Zip Code

11021-3828

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : C2990443

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vincent D Keenan CAE

Mailing Address 4756 Main St

Exec Vice President - IL AFP

City

State

Zip Code

Lisle

IL

60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Illinois Academy of Family Physicians

Occupation

Association Exec.

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 28 / 2015

Transaction ID : C2991800

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Don R Klitgaard MD

Mailing Address 1305 Onyx Dr

City

State

Zip Code

Harlan

IA

51537-1543

FEC ID number of contributing
federal political committee.

C

Name of Employer

Accountable Care Associates

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2980845

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. William Eric Kobler MD

Mailing Address 6729 Millbrook Dr

City

State

Zip Code

Rockford

IL

61108-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

04 / 02 / 2015

Transaction ID : C2972970

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

855.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stanley M Kozakowski MD

Mailing Address 13213 Reeder St

City

Overland Park

State

KS

Zip Code

66213-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Family Physicians

Occupation

Medical Education Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2981256

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Deborah Ann Kullerd MD

Mailing Address 21855 Ingileif Ln
154

City

Nemo

State

SD

Zip Code

57759-7641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 13 / 2015

Transaction ID : C2983517

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Edward Lacey MD

Mailing Address 101 Oak Leaf Dr

City

Chestertown

State

MD

Zip Code

21620-1180

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

04 / 13 / 2015

Transaction ID : C2983506

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert B Laibstain MD

Mailing Address 6072 River Cres

City
Norfolk

State
VA

Zip Code
23505-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer

TPMG - Newport News

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : C2983537

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Paul Alan Lazar MD

Mailing Address G3230 Beecher Rd
Ste 1

City
Flint

State
MI

Zip Code
48532-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer

McLaren

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990752

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Michael L Madden MD

Mailing Address 4907 Windermere Blvd

City
Alexandria

State
LA

Zip Code
71303-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer

L.S. U. HSC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990707

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1020.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 44
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher M Mahr MD

Mailing Address 3085 Firestone Ct

City State Zip Code
Sumter SC 29150-7075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Colonial Family Practice

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : C2982633

Amount of Each Receipt this Period

40.50

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981235

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289
100 Serendipity Dr

City State Zip Code
Brent AL 35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : C2983501

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

90.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990701

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Gary R Mennie MD

Mailing Address 2770 Aero Dr Ste 1

City

Port Arthur

State

TX

Zip Code

77640-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : C2997108

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Andrew J Merritt MD

Mailing Address 28 1/2 E Main St

City

Marcellus

State

NY

Zip Code

13108-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981284

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin P Mikus Mikus

Mailing Address 332 Sam Newell Rd Ste 2000
 CMC-Matthews Medical Plaza

City Matthews State NC Zip Code 28105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

04 / 24 / 2015

Transaction ID : C2990700

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Anne M Montgomery MD

Mailing Address 44818 Oro Grande Cir

City Indian Wells State CA Zip Code 92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 28 / 2015

Transaction ID : C2991770

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City Missouri City State TX Zip Code 77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.64

Date of Receipt

04 / 09 / 2015

Transaction ID : C3001404

Amount of Each Receipt this Period

91.66

SUBTOTAL of Receipts This Page (optional)..... ►

1591.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carl Raymond Olden MD

Mailing Address 311 S 72nd Ave

City

Yakima

State

WA

Zip Code

98908-1661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2980844

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Javette C Orgain MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vitas Innovative Hospice

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

04 / 28 / 2015

Transaction ID : C2991771

Amount of Each Receipt this Period

110.00

Full Name (Last, First, Middle Initial)

C. Paul Henry Pappas MD

Mailing Address 941 Clear Creek Dr

City

Texarkana

State

TX

Zip Code

75503-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2981268

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

960.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 44
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. PuiFun Lila Pappas MD

Mailing Address 941 Clear Creek Dr

City

Texarkana

State

TX

Zip Code

75503-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981269

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Brian Robert Pentti MD

Mailing Address 309 Allston St

City

Brighton

State

MA

Zip Code

02135-7692

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981362

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Karla Graue Pratt

Mailing Address 1239 120th Ave NE

City

Bellevue

State

WA

Zip Code

98005-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : C2972262

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1465.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alberto Ramos Mendez MD

Mailing Address PO BOX 1076

City

Aguada

State

PR

Zip Code

00602-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990705

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert F Raspa MD

Mailing Address 2233 Salt Myrtle Ln

City

Fleming Island

State

FL

Zip Code

32003-7077

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : C2983515

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Raymond Randolph Reese MD

Mailing Address 1108 Terrell St

City

Cuero

State

TX

Zip Code

77954-3458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990750

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eddie Richardson MD

Mailing Address 153 McGehees Trl

City

Eatonton

State

GA

Zip Code

31024-5786

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 01 / 2015

Transaction ID : C2970676

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Elisabeth L Righter MD

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 09 / 2015

Transaction ID : C2982371

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ralph Nichols Riley MD

Mailing Address PO Box 248

109 Alamo Circle

City

Saluda

State

SC

Zip Code

29138-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riley Family Practice Associates, PA

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2981236

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1715.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shirley Uhl Salvatore MD

Mailing Address 10 Hastings Dr

City

Pueblo

State

CO

Zip Code

81001-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer

InnovAge

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2980842

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 11 / 2015

Transaction ID : C2983360

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

C. Erika Schillinger MD

Mailing Address PO Box 620685

City

Woodside

State

CA

Zip Code

94062-0685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford University

Occupation

Family Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 18 / 2015

Transaction ID : C2987438

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1235.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alan I Schwartzstein MD

Mailing Address 753 N Main St

City

Oregon

State

WI

Zip Code

53575-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dean Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2015

Transaction ID : C2983365

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Niranjan M Selvarajah MD

Mailing Address 36 Ironwood Road

City

New Hartford

State

NY

Zip Code

13421-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : C2983534

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

c. Nawang K Sherpa MD

Mailing Address 10014 Ne 141St St

City

Bothell

State

WA

Zip Code

98011-5261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2015

Transaction ID : C2978993

Amount of Each Receipt this Period

60.83

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1110.83

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A Silverstein MD

Mailing Address 1708 Warner Ave

City

Mc Lean

State

VA

Zip Code

22101-5041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Herdon Family Medicine

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 07 / 2015

Transaction ID : C2981239

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Joseph Douglas Smith MD

Mailing Address 5722 Gardner Ln

City

Bridgewater

State

VA

Zip Code

22812-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

04 / 13 / 2015

Transaction ID : C2983536

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

c. Don A Solberg MD

Mailing Address 106 W 9th Ave

City

Ellensburg

State

WA

Zip Code

98926-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer

KHV Healthcare

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

04 / 13 / 2015

Transaction ID : C2983524

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1295.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Windel A Stracener MD

Mailing Address 1333 Hunters Pointe Dr

City State Zip Code
 Richmond IN 47374-7184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 11 / 2015

Transaction ID : C2983361

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Glen R Stream MD

Mailing Address 44818 Oro Grande Cir

City State Zip Code
 Indian Wells CA 92210-7411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Eisenhower Medical Associates

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 21 / 2015

Transaction ID : C2989291

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Maureen P Strohm MD

Mailing Address 3835 Fairmeade Rd

City State Zip Code
 Pasadena CA 91107-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Eisenhower Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 24 / 2015

Transaction ID : C2990737

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Erica Williams Swegler MD

Mailing Address 1101 W 40th St

City
Austin

State
TX

Zip Code
78756-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : C2981370

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Fredelito B Tiu MD

Mailing Address 1702 W Anklam Rd
Ste 110

City
Tucson

State
AZ

Zip Code
85745-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rio Nuevo Family Practice, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990708

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Gabrielle A Vencel Olson MD

Mailing Address 101 Willmar Ave Sw

City
Willmar

State
MN

Zip Code
56201-3556

FEC ID number of contributing
federal political committee.

C

Name of Employer

Affiliated Community Medical Centers

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : C2987191

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1730.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 44

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce Alan Wallstedt MD

Mailing Address 6323 Canterbury Close

City

Brentwood

State

TN

Zip Code

37027-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

73.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2015

Transaction ID : C2982631

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

B. Kevin S Wang MDMailing Address 1823 Terry Ave
Apt 1609

City

Seattle

State

WA

Zip Code

98101-2406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swedish Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	24	/	2015

Transaction ID : C2990675

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert J Weber MD

Mailing Address 1375 Meadowridge Rd

City

Watsonville

State

CA

Zip Code

95076-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2015

Transaction ID : C2972972

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional)..... ►

506.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jane A Weida MD

Mailing Address 1011 Handsome Pl

City State Zip Code
Lititz PA 17543-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : C2990724

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. Randell K Wexler MD

Mailing Address 6040 Haybury Dr

City State Zip Code
New Albany OH 43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ohio State University

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : C2993689

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City State Zip Code
Dahlonega GA 30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Southern Health

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : C2981419

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vincent J WinklerPrins MD

Mailing Address Georgetown University School of Me
3900 Reservoir Road NW

City Washington State DC Zip Code 20007-2126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstar Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
04 / 24 / 2015

Transaction ID : C2990718

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kevin Michael Wong MD

Mailing Address 196 Connor Dr

City Jeannette State PA Zip Code 15644-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : C2993646

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard L Zachrich MD

Mailing Address 821 E Chapel St
Ste 203

City Santa Maria State CA Zip Code 93454-4619

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : C2972969

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

35919.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 44
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code
 Leawood KS 66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2391.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015

Transaction ID : C2980869

Amount of Each Receipt this Period

942.07

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

942.07

942.07

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 44

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 / 15 / 2015

Transaction ID : D165813

Amount of Each Disbursement this Period

6.50

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : D165814

Amount of Each Disbursement this Period

4.88

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
 Phoenix AZ 85072-3852

Purpose of Disbursement
 Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 04 / 20 / 2015

Transaction ID : D165815

Amount of Each Disbursement this Period

3.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

14.63

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

18.05

Category/
Type

Year	Percentage
2010	0.51
2011	0.61
2012	0.81

Category/
Type

3.25

Age Group	Percentage
18-24	~12.5
25-34	22.11
35-44	~15.0
45-54	~10.0
55-64	~8.0
65-74	~5.0
75-84	~3.0
85+	~1.0

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Age Group	Percentage
18-24	7.95
25-34	12.5
35-44	15.5
45-54	18.5
55-64	21.5
65-74	24.5
75-84	27.5
85+	30.5

Category/
Type

575.08

Category/
Type

A diagram of a rectangular channel with a flat bottom and a flat water surface. The water surface is represented by a horizontal line with small vertical tick marks. The bottom is also a horizontal line with small vertical tick marks. The channel is bounded by vertical lines on the left and right sides.

583.03

736.73

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee



5000.00

04 / 24 / 2015

5000.00

Three digital displays are shown, each with a grid of small squares above the digits. The first display shows '04' with two squares above the '0' and two above the '4'. The second display shows '24' with two squares above the '2' and two above the '4'. The third display shows '2015' with one square above each digit.

2500.00

12500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : D165623

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 6953

City	State	Zip Code
CHICAGO	IL	60680

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Robin Kelly

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : D165656

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Sander M. Levin

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Transaction ID : D165626

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 44

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. HATCH ELECTION COMMITTEE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Transaction ID : D165625Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Orrin G. HatchCategory/
Type

1000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ROY BLUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Mailing Address P.O. BOX 50100

City	State	Zip Code
SPRINGFIELD	MO	65805

Transaction ID : D165627Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Sen. Roy BluntCategory/
Type

2500.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Full Name (Last, First, Middle Initial)

C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2015

Mailing Address 228 SOUTH WASHINGTON
SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : D165658Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
26000.00